

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027009

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3537

STATE FILE NUMBER

VS 300
Rev. 4/59

1
2 3438
3
4 0
5 2
6
7 1
8 2
9 493X
10
11
12 26-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

George F. Williams, M.D.

FILED JUL 25 1962
JUL 25 1962
1. PLACE OF DEATH
a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN KANSAS CITY

Length of stay in lb
55 years

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR
INSTITUTION 3918 CHARLOTTE ST.
GROSS NURSING HOME

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY JACKSON

c. CITY
OR
TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
2018 HARRISON STREET

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
ARTHUR THOMAS CHAPIN

4. DATE
OF
DEATH Month Day Year
JULY 3rd 1962

5. SEX

MALE

6. COLOR OR RACE

CAUCASIAN

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/28/72

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired teacher

10b. KIND OF BUSINESS OR INDUSTRY
School

11. BIRTHPLACE (City and state or country)
Mt. Victory, Ohio

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Edward CHAPIN

13b. MOTHER'S MAIDEN NAME

Olive Thomas

14. NAME OF HUSBAND OR WIFE

Grace Chapin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT
Address
Francis Chapin, Kansas City, Mo.
2718 Harrison St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH
6 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Generalized arteriosclerosis

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/22/62 to 7/2/62 and last saw her alive on 7/2/62
Death occurred at 12.50 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George F. Williams M.D.

22b. ADDRESS

10604 Blue Ridge KC 314 7/3/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

July 6, 1962

23c. NAME OF CEMETERY OR CREMATORY

Forest Hill Cemetery

23d. LOCATION (City, town, or county)

Kansas City Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

7-6-62

26. REGISTRAR'S SIGNATURE

Ruth A Long

USE BLACK INK

OR

TYPEWRITER RIBBON

DR. George J. Williams MD.
10604 Pine Ridge EXT - no. of Ruben's car
503-2442
2100.6.30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. H. H.

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.